PTO/SB/06 (08-00)
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	PATENT A	on of information unless it displays a valid OMB control number. Application or Docket Number PH-2491										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER TI	•	
FOR		NUMB	NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))								s	OR		s 750
	AL CLAIMS CFR 1.16(c))		minus 20 =		* 0		х	\$=		OR	x \$ 18 =	0
	EPENDENT CLA CFR 1.16(b))	IMS	minus 3 =		* 0		х	=		OR	x 84 =	0
MU	LTIPLE DEPENI	DENT CLAIM PR	LAIM PRESENT (37 CFR 1.16(d))))				OR	+ 280 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2						_	TOTAL		OR	TOTAL	\$750	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OR OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		1	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE		ULTIPLE DEP	EPENDENT CLAIM		(37 CFR 1.16(d))] +	=		OR	+=	
	(Column 1) (Column 2) (Column 3)					(Column 3)		TOTAL IT. FEE		OR A	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST MBER OUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x :	\$=			x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	=			x=	
	FIRST PRESENTATION OF M		ULTIPLE DEPENDENT CLAIM		CLAIM	(37 CFR 1.16(d))		=		OR	+=	
(Column 1) (Column 2) (Column 3)						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		-	x	\$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***		=	X	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))][=		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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